

**City of Carson City
Agenda Report**

Date Submitted: October 27, 2015

Agenda Date Requested: November 5, 2015

Time Requested: 10 minutes

To: Carson City Board of Supervisors

From: Health & Human Services Department (Nicki Aaker)

Subject Title: For Possible Action: To accept the Hospital Preparedness Program (HPP) Ebola Preparedness and Response Activities sub-grant through the State of Nevada, Division of Public and Behavioral Health (DPBH), Public Health Preparedness (PHP) Program.

Staff Summary: The Nevada State Division of Public and Behavioral Health received funding from the Office of the Assistant Secretary for Preparedness and Response (ASPR) for the Hospital Preparedness Program (HPP) Ebola Preparedness and Response Activities. These funds are intended to demonstrate achievement in HPP Ebola activities and the intent is to improve our community healthcare system's preparedness for infectious diseases, such as Ebola.

Type of Action Requested:

(check one)

☐ Resolution

☐ Ordinance

☒ Formal Action/Motion

☐ Other (Specify) Information Only

Does This Action Require A Business Impact Statement:

☐ Yes ☒ No

Recommended Board Action: I move to accept the Hospital Preparedness Program (HPP) Ebola Preparedness and Response Activities grant through the State of Nevada, Department of Health and Human Services, Division of Public and Behavioral Health, Public Health Preparedness (PHP) Program.

Explanation for Recommended Board Action: Carson City Health and Human Services (CCHHS) received a sub-grant award in the amount of \$48,630 for the period September 1, 2015 through June 30, 2016, the first cycle of a 5-year grant period. The 5-year grant award is \$80,663, the award amounts for periods 2 – 5 will decrease substantially each year. Grant funds would be used to develop an Ebola response plan and a resulting Continuity of Operations Plan (CONOPS), assure readiness of assessment hospitals, and develop capabilities of healthcare coalitions to enable the care of patients with infectious diseases, such as Ebola. Activities will include training and conducting an annual, unannounced first encounter drill in collaboration with the area hospitals, Emergency Management, and Douglas County Healthcare Coalition. The first exercise needs to be specific to Ebola and the following exercise can address other infectious diseases if there are no global outbreaks of Ebola. Douglas County is one of the counties in which CCHHS provides services in through the ASPR (Office of the Assistant Secretary for Preparedness and Response) grant.

Applicable Statute, Code, Policy, Rule or Regulation: N/A

Fiscal Impact: N/A - no fiscal match is required and no additional full-time staff will be hired.

Explanation of Impact: N/A

Funding Source: State of Nevada, Department of Health and Human Services, Division of Public and Behavioral Health (DPBH), Public Health Preparedness (PHP) Program sub-grant from the U.S. Department of Health and Human Services; Office of the Assistant Secretary for Preparedness and Response (ASPR); Office of Emergency Management; Division of National Healthcare Preparedness Programs (Federal Grant # 1U3REP150510-01-00).

Alternatives: To deny Carson City Health and Human Services permission to accept the Hospital Preparedness Program (HPP) Ebola Preparedness and Response Activities grant through the State of Nevada, Division of Public and Behavioral Health (DPBH), Public Health Preparedness (PHP) Program.

Supporting Material: Notice of sub-grant award from the State of Nevada, Department of Health and Human Services, Division of Public and Behavioral Health, Public Health Preparedness Program.

Prepared By: Nicki Aaker, MSN, MPH, RN

Reviewed By: <u>N. Aaker</u>	Date: <u>10-27-15</u>
(Department Head)	
<u>[Signature]</u>	Date: <u>10/27/15</u>
(City Manager)	
<u>[Signature]</u>	Date: <u>10/27/15</u>
(District Attorney)	
<u>Nancy Paulson</u>	Date: <u>10/27/15</u>
(Finance Director)	

Board Action Taken:

Motion: _____	1) _____	Aye/Nay
	2) _____	_____

(Vote Recorded By)



State of Nevada
Department of Health and Human Services
Division of Public & Behavioral Health
(hereinafter referred to as the Division)

HD #: **15113**
Budget Account: **3218**
Category: **25**
GL: **8501**
Job Number: **9381715**

NOTICE OF SUBGRANT AWARD

Program Name: Public Health Preparedness Program Preparedness, Assurance, Inspections, Statistics (PAIS)		Subgrantee Name: Carson City Health and Human Services (CCHHS)																	
Address: 4150 Technology Way, Suite #200 Carson City, NV 89706-2009		Address: 900 East Long Street Carson City, NV 89706																	
Subgrant Period: September 1, 2015 through June 30, 2016		Subgrantee's: EIN: 88-60000189 Vendor #: T80990941J Dun & Bradstreet: 073787152																	
Purpose of Award: Funds are intended to demonstrate achievement in HPP Ebola Activities according to ASPR grant guidance.																			
Region(s) to be served: <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Specific county or counties: <u>Carson City, Douglas, Lyon</u>																			
Approved Budget Categories: <table style="width: 100%; border-collapse: collapse;"> <tr><td>1. Personnel</td><td style="text-align: right;">\$ 0.00</td></tr> <tr><td>2. Travel</td><td style="text-align: right;">\$ 515.00</td></tr> <tr><td>3. Supplies</td><td style="text-align: right;">\$ 18,765.00</td></tr> <tr><td>4. Equipment</td><td style="text-align: right;">\$ 2,950.00</td></tr> <tr><td>5. Contractual/Consultant</td><td style="text-align: right;">\$ 16,400.00</td></tr> <tr><td>6. Other</td><td style="text-align: right;">\$ 10,000.00</td></tr> <tr><td>7. Indirect</td><td style="text-align: right;">\$ 0.00</td></tr> <tr><td>Total Cost:</td><td style="text-align: right;">\$ 48,630.00</td></tr> </table>		1. Personnel	\$ 0.00	2. Travel	\$ 515.00	3. Supplies	\$ 18,765.00	4. Equipment	\$ 2,950.00	5. Contractual/Consultant	\$ 16,400.00	6. Other	\$ 10,000.00	7. Indirect	\$ 0.00	Total Cost:	\$ 48,630.00	Disbursement of funds will be as follows: Payment will be made upon receipt and acceptance of an invoice and supporting documentation specifically requesting reimbursement for actual expenditures <i>specific to this subgrant</i> . Total reimbursement will not exceed \$48,630.00 during the subgrant period.	
1. Personnel	\$ 0.00																		
2. Travel	\$ 515.00																		
3. Supplies	\$ 18,765.00																		
4. Equipment	\$ 2,950.00																		
5. Contractual/Consultant	\$ 16,400.00																		
6. Other	\$ 10,000.00																		
7. Indirect	\$ 0.00																		
Total Cost:	\$ 48,630.00																		
Source of Funds: 1. Assistant Secretary for Preparedness and Response (ASPR)		% of Funds: 100%	CFDA: 93.817																
Terms and Conditions: In accepting these grant funds, it is understood that: 1. Expenditures must comply with appropriate state and/or federal regulations; 2. This award is subject to the availability of appropriate funds; and 3. The recipient of these funds agrees to stipulations listed in the incorporated documents.		Federal Grant #: 1U3REP150510-01-00																	
Incorporated Documents: Section A: Assurances; Section B: Description of Services, Scope of Work and Deliverables; Section C: Budget and Financial Reporting Requirements; Section D: Request for Reimbursement; Section E: Audit Information Request; Section F: Business Associate Addendum; Attachment 1: Detailed Work Plan.																			
Robert Crowell Mayor	Signature		Date																
Erin Lynch Health Program Manager II, PHP	<i>Erin Lynch</i>		10/1/15																
Chad Westom Bureau Chief, PAIS	<i>Chad W. Westom</i>		10.1.15																
for Cody L. Phinney Administrator, Division of Public & Behavioral Health																			

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

SECTION A

Assurances

As a condition of receiving subgranted funds from the Nevada State Division of Public and Behavioral Health, the Subgrantee agrees to the following conditions:

1. Grant funds may not be used for other than the awarded purpose. In the event Subgrantee expenditures do not comply with this condition, that portion not in compliance must be refunded to the Division.
2. To submit reimbursement requests only for expenditures approved in the spending plan. Any additional expenditure beyond what is allowable based on approved categorical budget amounts, without prior written approval by the Division, may result in denial of reimbursement.
3. Approval of subgrant budget by the Division constitutes prior approval for the expenditure of funds for specified purposes included in this budget. Unless otherwise stated in the Scope of Work the transfer of funds between budgeted categories without written prior approval from the Division is not allowed under the terms of this subgrant. Requests to revise approved budgeted amounts must be made in writing and provide sufficient narrative detail to determine justification.
4. Recipients of subgrants are required to maintain subgrant accounting records, identifiable by subgrant number. Such records shall be maintained in accordance with the following:
 - a. Records may be destroyed not less than three years (unless otherwise stipulated) after the final report has been submitted if written approval has been requested and received from the Administrative Services Officer (ASO) of the Division. Records may be destroyed by the Subgrantee five (5) calendar years after the final financial and narrative reports have been submitted to the Division.
 - b. In all cases an overriding requirement exists to retain records until resolution of any audit questions relating to individual subgrants.

Subgrant accounting records are considered to be all records relating to the expenditure and reimbursement of funds awarded under this subgrant award. Records required for retention include all accounting records and related original and supporting documents that substantiate costs charged to the subgrant activity.

5. To disclose any existing or potential conflicts of interest relative to the performance of services resulting from this subgrant award. The Division reserves the right to disqualify any subgrantee on the grounds of actual or apparent conflict of interest. Any attempt to intentionally or unintentionally conceal or obfuscate a conflict of interest will automatically result in the disqualification of funding.
6. To comply with the requirements of the Civil Rights Act of 1964, as amended, and the Rehabilitation Act of 1973, P.L. 93-112, as amended, and any relevant program-specific regulations, and shall not discriminate against any employee or offeror for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).
7. To comply with the Americans with Disability Act of 1990, P.L. 101-136, 42 U.S.C. 12101, as amended, and regulations adopted thereunder contained in 28 C.F.R. 26.101-36.999 inclusive and any relevant program-specific regulations
8. To comply with the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, 45 C.F.R. 160, 162 and 164, as amended. If the subgrant award includes functions or activities that involve the use or disclosure of protected health information (PHI) then the subgrantee agrees to enter into a Business Associate Agreement with the Division as required by 45 C.F.R. 164.504(e). If PHI will not be disclosed then a Confidentiality Agreement will be entered into.
9. Subgrantee certifies, by signing this notice of subgrant award, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. This certification is made pursuant to regulations implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pr. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp. 19150-19211). This provision shall be required of every subgrantee receiving any payment in whole or in part from federal funds.

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
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10. Sub-grantee agrees to comply with the requirements of the Title XII Public Law 103-227, the "PRO-KIDS Act of 1994," smoking may not be permitted in any portion of any indoor facility owned or regularly used for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments. Federal programs include grants, cooperative agreements, loans and loan guarantees, and contracts. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug and alcohol treatment.
11. Whether expressly prohibited by federal, state, or local law, or otherwise, that no funding associated with this subgrant will be used for any purpose associated with or related to lobbying or influencing or attempting to lobby or influence for any purpose the following:
 - a. Any federal, state, county or local agency, legislature, commission, council, or board;
 - b. Any federal, state, county or local legislator, commission member, council member, board member, or other elected official; or
 - c. Any officer or employee of any federal, state, county or local agency, legislature, commission, council or board.
12. Division subgrants are subject to inspection and audit by representative of the Division, Nevada Department of Health and Human Services, the State Department of Administration, the Audit Division of the Legislative Counsel Bureau or other appropriate state or federal agencies to:
 - a. Verify financial transactions and determine whether funds were used in accordance with applicable laws, regulations and procedures;
 - b. Ascertain whether policies, plans and procedures are being followed;
 - c. Provide management with objective and systematic appraisals of financial and administrative controls, including information as to whether operations are carried out effectively, efficiently and economically; and
 - d. Determine reliability of financial aspects of the conduct of the project.
13. Any audit of Subgrantee's expenditures will be performed in accordance with generally accepted government auditing standards to determine there is proper accounting for and use of subgrant funds. It is the policy of the Division, as well as federal requirement as specified in the Office of Management and Budget (2 CFR § 200.501(a)), revised December 26, 2013, that each grantee annually expending \$750,000 or more in federal funds have an annual audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. A COPY OF THE FINAL AUDIT REPORT MUST BE SENT TO:

***The Nevada State Division of Public and Behavioral Health
Attn: Contract Unit
4150 Technology Way, Suite 300
Carson City, NV 89706-2009***

This copy of the final audit must be sent to the Division within nine (9) months of the close of the subgrantee's fiscal year. **To acknowledge this requirement, Section E of this notice of subgrant award must be completed.**

THIS SPACE INTENTIONALLY LEFT BLANK

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

SECTION B

Description of Services, Scope of Work and Deliverables

Carson City Health and Human Services (CCHHS), hereinafter referred to as Subgrantee, agrees to provide the following services and reports according to the identified timeframes:

- The attached Detailed Work Plan (Attachment 2) is for Year 1 (September 1, 2015 to June 30, 2016) of a five year grant and is broken down by grant activity. The Detailed Work Plan contains strategies, outcomes, activities, output documentation, and estimated date of completion for each activity.
- Achievements of activities for this subgrant period (Year 1) are to be completed by June 30, 2016. Outcome of the funded activities will be measured by Nevada State Division of Public and Behavioral Health (Division). Each funded activity requires substantial achievement and demonstration of completion as specified in the Detailed Work Plan. If outcomes are not met, Division may reduce the amount of this subgrant award and reallocate funding to other preparedness priorities within the state.
- Submit written Cumulative Progress Reports to the Division electronically on or before:
 - January 31, 2016 1st Quarter Progress Report (For the period of 9/1/15 - 12/31/15)
 - April 30, 2016 2nd Quarter Progress Report (For the period of 9/1/15 – 3/31/16)
 - July 31, 2016 Final Progress Report (For the period of 9/1/15 – 6/30/16)
- Match is not required on this subgrant.

Additional information may be requested by the Division, as needed, due to evolving state and federal reporting requirements.

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
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SECTION C

Budget and Financial Reporting Requirements

Identify the source of funding on all printed documents purchased or produced within the scope of this subgrant, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada State Division of Public and Behavioral Health through Grant Number 1U3REP150510-01-00 from the Office of the Assistant Secretary for Preparedness and Response (ASPR). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Division nor ASPR."

Any activities performed under this subgrant shall acknowledge the funding was provided through the Division by Grant Number 1U3REP150510-01-00 from ASPR.

Subgrantee agrees to adhere to the following budget:

<u>Category</u>	<u>Total cost</u>	<u>Detailed cost</u>	<u>Details of expected expenses</u>
1. Personnel	\$ 0		
2. Travel	\$ 515		
		\$ 184	Mileage to Douglas County 40 miles x 2 staff x 4 trips x .575/mile = \$184
		\$ 331	Mileage to South Lyon Medical Center 144 miles x 2 staff x 2 trips x .575/mile = \$331
3. Supplies	\$ 18,765		
		\$ 640	Batteries for Helmets (T5) (\$160 each x 4 = \$640)
		\$ 3,600	PAPR Hoods (\$600 each x 6 = \$3,600)
		\$ 1,425	PAPR Rechargeable Battery Packs (\$285 each x 5 = \$1,425)
		\$ 1,100	Helmet (T5) Battery-Operated (\$550 each x 2 = \$1,100)
		\$ 1,900	Battery Charger – Helmet T5 (\$1,900 each)
		\$ 300	Office / Computer Supplies (\$25/month x 12 months = \$300)
		\$ 548	Reimburse Carson-Tahoe for Personal Protective Equipment (PPE) supplies for February 2015 Ebola Drill. <i>Page 10 and 17 of Grant Guidance allows for awardees to use a portion of the funding to retroactively compensate health care coalitions and health care facilities for Ebola preparedness activities.</i> Shoe Covers/Booties (\$40 per case) Gloves (\$8/unit x 7 = \$56) Gowns (\$3/unit x 24 = \$72) Hoods (\$40/unit x 8 = \$320) Face Masks (\$11/unit x 4 = \$44) Eye Protection (\$4/unit x 4 = \$16)
		\$ 6,000	Purchase PPE for EMS. Tyvek Suits (\$200/unit x 12 = \$2,400) Nitrile Gloves (\$30/unit x 20 = \$600) Infection Control Kits (\$15/unit x 200 = \$3,000)

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
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	\$ 2,252	Purchase PPE for Rural Hospitals Shoe Covers/Booties (\$50/unit x 10 = \$500) Gloves (\$45/unit x 6 = \$270) Gowns (\$43/unit x 10 = \$430) Hoods (\$52/unit x 4 = \$208) Face Masks (\$11/unit x 4 = \$44) Eye Protection (\$32/unit x 25 = \$800)
	\$ 1,000	Annual Exercise Supplies. PPE and other supplies for hospitals and EMS for required annual exercise.
4. Equipment	\$ 2,950	
	\$ 2,200	Security Cart with Cover (to be used to organize materials/supplies for the containment area)
	\$ 750	MFC Printer/Fax/Scanner to improve communications with Command Center
5. Contractual Consultant	\$ 16,400	
	\$ 16,400	Part-time Planner (820 hours x \$20/hour = \$16,400)
6. Other	\$ 10,000	
	\$ 10,000	HipLink (CAD Integration / Automatic Responder Paging). Need to upgrade messaging capabilities between EMS and Dispatch in Douglas County.
7. Indirect	\$ 0	
Total Cost	\$ 48,630	

- Division of Public and Behavioral Health policy is to allow no more than 10% flexibility (no more than a cumulative amount of \$4,863.00), within approved Scope of Work, unless otherwise authorized. Upon reaching the 10% funding adjustment threshold, additional adjustments between categories cannot be made without prior written approval from the Division. Changes to the Scope of Work cannot be made without prior approval from the Division and the federal funding agency. Redirect requests may not be submitted within 60 days of the close of the subgrant period.
- Equipment purchased with these funds belongs to the federal program from which this funding was appropriated and shall be returned to the program upon termination of this agreement.
- Travel expenses, per Diem, and other related expenses must conform to the procedures and rates allowed for State officers and employees. It is the Policy of the Board of Examiners to restrict contractors/Subgrantees to the same rates and procedures allowed State Employees. The State of Nevada reimburses at rates comparable to the rates established by the US General Services Administration, with some exceptions (State Administrative Manual 0200.0 and 0320.0).

Subgrantee agrees to request reimbursement according to the schedule specified below for the actual expenses incurred related to the Scope of Work during the subgrant period.

- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred, summarizing the total amount and type of expenditures made during the reporting period.
- Submit monthly Requests for Reimbursement no later than 30 days following the end of the month; submit a Request for Reimbursement for activities completed through the month of June no later than July 31, 2016.
- The maximum available through the subgrant is \$48,630.00.

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
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- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred.
- Provide complete travel detail including purpose of travel and attach copies of travel claim summary (if available).
- Attached invoice copies for all items listed in Contract/Consultant and Equipment. Also attach invoices for all Supplies and Other purchases that are over \$500 per item. **NOTE:** Supplies are items which have a consumable life of less than 1 year and Equipment are items over \$5,000 per item OR have a consumable life of over 1 year (ie: laptops, iPads, printers, etc...).
- Costs associated with food or meals are NOT permitted unless included with per diem as a part of official travel. Meals cannot be claimed within 50 miles of the official workstation.
- Additional expenditure detail will be provided upon request from the Division.

Additionally, the Subgrantee agrees to provide:

- Provide a copy of all plans developed and all After Action Reports (AAR) for exercises within 45 days of completion.
- A complete financial accounting of all expenditures to the Division within 30 days of the CLOSE OF THE SUBGRANT PERIOD. Any un-obligated funds shall be returned to the Division at that time, or if not already requested, shall be deducted from the final award.

The Division agrees:

- Review and approve activities through programmatic and fiscal reports and conduct annual site visits at the Subgrantee's physical site as necessary.
- Provide technical assistance, upon request from the Subgrantee.
- The Division reserves the right to hold reimbursement under this subgrant until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Division.

Both parties agree:

- Based on the bi-annual narrative progress and financial reporting forms, as well as site visit findings, if it appears to the Nevada State Division of Public and Behavioral Health that activities will not be completed in time specifically designated in the Scope of Work, or project objectives have been met at a lesser cost than originally budgeted, the Nevada State Division of Public and Behavioral Health may reduce the amount of this subgrant award and reallocate funding to other preparedness priorities within the state. This includes but is not limited to:
 - Reallocating funds between the subgrantee's categories, and
 - Reallocating funds to another subgrantee or funding recipient to address other identified PHP priorities, by removing it from this agreement through a subgrant amendment.
- The Subgrantee will, in the performance of the Detailed Work Plan specified in this subgrant, perform functions and/or activities that could involve confidential information; therefore, the Subgrantee is requested to fill out and sign Section F, which is specific to this subgrant, and will be in effect for the term of this subgrant.
- All reports of expenditures and requests for reimbursement processed by the Division are SUBJECT TO AUDIT.
- This subgrant agreement may be TERMINATED by either party prior to the date set forth on the Notice of Subgrant Award, provided the termination shall not be effective until 30 days after a party has served written notice upon the other party. This agreement may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this Agreement shall be terminated immediately if for any reason the Division, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

Financial Reporting Requirements

- A Request for Reimbursement is due on a monthly or quarterly basis, based on the terms of the subgrant agreement, no later than the 15th of the month.
- Reimbursement is based on actual expenditures incurred during the period being reported.
- Payment will not be processed without all reporting being current.
- Reimbursement may only be claimed for expenditures approved within the Notice of Subgrant Award.

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

SECTION D

Nevada Department of Health and Human Services

Division of Public & Behavioral Health

Public Health Preparedness Program

HD #: 15113

Budget Account: 3218

Category #: 25

GL #: 8501

Job #: 9381715

Draw #:

REQUEST FOR REIMBURSEMENT

Program Name: Public Health Preparedness Preparedness, Assurance, Inspections and Statistics Division of Public & Behavioral Health	Subgrantee Name: Carson City Health and Human Services (CCHHS)
Address: 4150 Technology Way, Suite 200 Carson City, NV 89706	Address: 900 East Long Street Carson City, NV 89706
Subgrant Period: September 1, 2015 through June 30, 2016	Subgrantee EIN #: 88-6000189 Subgrantee Vendor #: T80990941J Dunn & Bradstreet #: 073787152

FINANCIAL REPORT AND REQUEST FOR FUNDS

(report in dollars and cents; must be accompanied by expenditure report/back-up)

Month(s): _____ Calendar Year: _____

Approved Budget Category	A Approved Budget	B Total Prior Requests	C Current Request	D Year To Date Total	E Budget Balance	F Percent Expended
1 Personnel	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	0%
2 Travel	\$ 515.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 515.00	0%
3 Supplies	\$ 18,765.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 18,765.00	0%
4 Equipment	\$ 2,950.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 2,950.00	0%
5 Contract/Consultant	\$ 16,400.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 16,400.00	0%
6 Other	\$ 10,000.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 10,000.00	0%
7 Indirect	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	0%
8 Total	\$ 48,630.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 48,630.00	0%

This report is true and correct to the best of my knowledge.

Authorized Signature	Title	Date
Reminder: Request for Reimbursement cannot be processed without an expenditure report/backup. Reimbursement is only allowed for items contained within Subgrant Award documents. If applicable, travel claims must accompany report.		

FOR DIVISION USE ONLY

Program contact necessary? ☐ Yes ☐ No Contact Person: _____

Reason for contact: _____

Fiscal review/approval date: _____ Signed: _____

Scope of Work review/approval date: _____ Signed: _____

ASO or Bureau Chief (as required): _____ Date: _____

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

Carson City Health and Human Services (CCHHS) Reimbursement Worksheet September 2015							
Personnel	Title	Description					Amount
		TOTAL					
Contract / Consultant		Description					Amount
		TOTAL					
Travel (Name of Traveler)	Travel Dates	To	Mileage @ \$0.575/mi	Lodging & Per Diem	AirFare & Misc	Purpose/ Description (Attach copy of claim)	Amount
TOTAL							
Supplies (Items under \$5,000 & consumed within 1 yr)		Description					Amount
		TOTAL					
Equipment (Items over \$5,000 or <u>not</u> consumed within 1 yr)		Description (attach invoice copies for all items)					Amount
		TOTAL					
Other		Description					Amount
		TOTAL					
Indirect		Description					Amount
		TOTAL					
TOTAL EXPENDITURES							

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
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SECTION E

Audit Information Request

1. Non-Federal entities that **expend** \$750,000.00 or more in total federal awards are required to have a single or program-specific audit conducted for that year, in accordance with 2 CFR § 200.501(a). Within nine (9) months of the close of your organization's fiscal year, you **must** submit a copy of the final audit report to:

***Nevada State Division of Public and Behavioral Health
Attn: Contract Unit
4150 Technology Way, Suite 300
Carson City, NV 89706-2009***

2. Did your organization expend \$750,000 or more in all federal awards during your Organization's most recent fiscal year?

☐ YES

☐ NO

3. When does your organization's fiscal year end?

4. What is the official name of your organization?

5. How often is your organization audited?

6. When was your last audit performed?

7. What time period did your last audit cover

8. Which accounting firm conducted your last audit?

Signature

Date

Title

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

SECTION F

Business Associate Addendum

BETWEEN

Nevada Division of Public and Behavioral Health

Hereinafter referred to as the "Covered Entity"

and

Carson City Health and Human Services

Hereinafter referred to as the "Business Associate"

PURPOSE. In order to comply with the requirements of HIPAA and the HITECH Act, this Addendum is hereby added and made part of the agreement between the Covered Entity and the Business Associate. This Addendum establishes the obligations of the Business Associate and the Covered Entity as well as the permitted uses and disclosures by the Business Associate of protected health information it may possess by reason of the agreement. The Covered Entity and the Business Associate shall protect the privacy and provide for the security of protected health information disclosed to the Business Associate pursuant to the agreement and in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA"), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-5 ("the HITECH Act"), and regulation promulgated there under by the U.S. Department of Health and Human Services (the "HIPAA Regulations") and other applicable laws.

WHEREAS, the Business Associate will provide certain services to the Covered Entity, and, pursuant to such arrangement, the Business Associate is considered a business associate of the Covered Entity as defined in HIPAA, the HITECH Act, the Privacy Rule and Security Rule; and

WHEREAS, Business Associate may have access to and/or receive from the Covered Entity certain protected health information, in fulfilling its responsibilities under such arrangement; and

WHEREAS, the HIPAA Regulations, the HITECH Act, the Privacy Rule and the Security Rule require the Covered Entity to enter into an agreement containing specific requirements of the Business Associate prior to the disclosure of protected health information, as set forth in, but not limited to, 45 CFR Parts 160 & 164 and Public Law 111-5.

THEREFORE, in consideration of the mutual obligations below and the exchange of information pursuant to this Addendum, and to protect the interests of both Parties, the Parties agree to all provisions of this Addendum.

- I. **DEFINITIONS.** The following terms shall have the meaning ascribed to them in this Section. Other capitalized terms shall have the meaning ascribed to them in the context in which they first appear.
1. **Breach** means the unauthorized acquisition, access, use, or disclosure of protected health information which compromises the security or privacy of the protected health information. The full definition of breach can be found in 42 USC 17921 and 45 CFR 164.402.
 2. **Business Associate** shall mean the name of the organization or entity listed above and shall have the meaning given to the term under the Privacy and Security Rule and the HITECH Act. For full definition refer to 45 CFR 160.103.
 3. **CFR** stands for the Code of Federal Regulations.
 4. **Agreement** shall refer to this Addendum and that particular agreement to which this Addendum is made a part.
 5. **Covered Entity** shall mean the name of the Division listed above and shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to 45 CFR 160.103.
 6. **Designated Record Set** means a group of records that includes protected health information and is maintained by or for a covered entity or the Business Associate that includes, but is not limited to, medical, billing, enrollment, payment, claims adjudication, and case or medical management records. Refer to 45 CFR 164.501 for the complete definition.
 7. **Disclosure** means the release, transfer, provision of, access to, or divulging in any other manner of information outside the entity holding the information as defined in 45 CFR 160.103.

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8. **Electronic Protected Health Information** means individually identifiable health information transmitted by electronic media or maintained in electronic media as set forth under 45 CFR 160.103.
9. **Electronic Health Record** means an electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff. Refer to 42 USC 17921.
10. **Health Care Operations** shall have the meaning given to the term under the Privacy Rule at 45 CFR 164.501.
11. **Individual** means the person who is the subject of protected health information and is defined in 45 CFR 160.103.
12. **Individually Identifiable Health Information** means health information, in any form or medium, including demographic information collected from an individual, that is created or received by a covered entity or a business associate of the covered entity and relates to the past, present, or future care of the individual. Individually identifiable health information is information that identifies the individual directly or there is a reasonable basis to believe the information can be used to identify the individual. Refer to 45 CFR 160.103.
13. **Parties** shall mean the Business Associate and the Covered Entity.
14. **Privacy Rule** shall mean the HIPAA Regulation that is codified at 45 CFR Parts 160 and 164, Subparts A, D and E.
15. **Protected Health Information** means individually identifiable health information transmitted by electronic media, maintained in electronic media, or transmitted or maintained in any other form or medium. Refer to 45 CFR 160.103 for the complete definition.
16. **Required by Law** means a mandate contained in law that compels an entity to make a use or disclosure of protected health information and that is enforceable in a court of law. This includes, but is not limited to: court orders and court-ordered warrants; subpoenas, or summons issued by a court; and statutes or regulations that require the provision of information if payment is sought under a government program providing public benefits. For the complete definition refer to 45 CFR 164.103.
17. **Secretary** shall mean the Secretary of the federal Department of Health and Human Services (HHS) or the Secretary's designee.
18. **Security Rule** shall mean the HIPAA regulation that is codified at 45 CFR Parts 160 and 164 Subparts A and C.
19. **Unsecured Protected Health Information** means protected health information that is not rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of a technology or methodology specified by the Secretary in the guidance issued in Public Law 111-5. Refer to 42 USC 17932 and 45 CFR 164.402.
20. **USC** stands for the United States Code.

II. OBLIGATIONS OF THE BUSINESS ASSOCIATE.

1. **Access to Protected Health Information.** The Business Associate will provide, as directed by the Covered Entity, an individual or the Covered Entity access to inspect or obtain a copy of protected health information about the Individual that is maintained in a designated record set by the Business Associate or, its agents or subcontractors, in order to meet the requirements of the Privacy Rule, including, but not limited to 45 CFR 164.524 and 164.504(e) (2) (ii) (E). If the Business Associate maintains an electronic health record, the Business Associate or, its agents or subcontractors shall provide such information in electronic format to enable the Covered Entity to fulfill its obligations under the HITECH Act, including, but not limited to 42 USC 17935.
2. **Access to Records.** The Business Associate shall make its internal practices, books and records relating to the use and disclosure of protected health information available to the Covered Entity and to the Secretary for purposes of determining Business Associate's compliance with the Privacy and Security Rule in accordance with 45 CFR 164.504(e)(2)(ii)(H).
3. **Accounting of Disclosures.** Promptly, upon request by the Covered Entity or individual for an accounting of disclosures, the Business Associate and its agents or subcontractors shall make available to the Covered Entity or the individual information required to provide an accounting of disclosures in accordance with 45 CFR 164.528, and the HITECH Act, including, but not limited to 42 USC 17935. The accounting of disclosures, whether electronic or other media, must include the requirements as outlined under 45 CFR 164.528(b).
4. **Agents and Subcontractors.** The Business Associate must ensure all agents and subcontractors to whom it provides protected health information agree in writing to the same restrictions and conditions that apply to the Business Associate with respect to all protected health information accessed, maintained, created, retained, modified, recorded, stored, destroyed, or otherwise held, transmitted, used or disclosed by the agent or subcontractor. The Business Associate must implement and maintain sanctions against agents and subcontractors that violate such restrictions and conditions and shall mitigate the effects of any such violation as outlined under 45 CFR 164.530(f) and 164.530(e)(1).
5. **Amendment of Protected Health Information.** The Business Associate will make available protected health information for amendment and incorporate any amendments in the designated record set maintained by the

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Business Associate or, its agents or subcontractors, as directed by the Covered Entity or an individual, in order to meet the requirements of the Privacy Rule, including, but not limited to, 45 CFR 164.526.

6. **Audits, Investigations, and Enforcement.** The Business Associate must notify the Covered Entity immediately upon learning the Business Associate has become the subject of an audit, compliance review, or complaint investigation by the Office of Civil Rights or any other federal or state oversight agency. The Business Associate shall provide the Covered Entity with a copy of any protected health information that the Business Associate provides to the Secretary or other federal or state oversight agency concurrently with providing such information to the Secretary or other federal or state oversight agency. The Business Associate and individuals associated with the Business Associate are solely responsible for all civil and criminal penalties assessed as a result of an audit, breach, or violation of HIPAA or HITECH laws or regulations. Reference 42 USC 17937.
7. **Breach or Other Improper Access, Use or Disclosure Reporting.** The Business Associate must report to the Covered Entity, in writing, any access, use or disclosure of protected health information not permitted by the agreement, Addendum or the Privacy and Security Rules. The Covered Entity must be notified immediately upon discovery or the first day such breach or suspected breach is known to the Business Associate or by exercising reasonable diligence would have been known by the Business Associate in accordance with 45 CFR 164.410, 164.504(e)(2)(ii)(C) and 164.308(b) and 42 USC 17921. The Business Associate must report any improper access, use or disclosure of protected health information by: the Business Associate or its agents or subcontractors. In the event of a breach or suspected breach of protected health information, the report to the Covered Entity must be in writing and include the following: a brief description of the incident; the date of the incident; the date the incident was discovered by the Business Associate; a thorough description of the unsecured protected health information that was involved in the incident; the number of individuals whose protected health information was involved in the incident; and the steps the Business Associate is taking to investigate the incident and to protect against further incidents. The Covered Entity will determine if a breach of unsecured protected health information has occurred and will notify the Business Associate of the determination. If a breach of unsecured protected health information is determined, the Business Associate must take prompt corrective action to cure any such deficiencies and mitigate any significant harm that may have occurred to individual(s) whose information was disclosed inappropriately.
8. **Breach Notification Requirements.** If the Covered Entity determines a breach of unsecured protected health information by the Business Associate has occurred, the Business Associate will be responsible for notifying the individuals whose unsecured protected health information was breached in accordance with 42 USC 17932 and 45 CFR 164.404 through 164.406. The Business Associate must provide evidence to the Covered Entity that appropriate notifications to individuals and/or media, when necessary, as specified in 45 CFR 164.404 and 45 CFR 164.406 has occurred. The Business Associate is responsible for all costs associated with notification to individuals, the media or others as well as costs associated with mitigating future breaches. The Business Associate must notify the Secretary of all breaches in accordance with 45 CFR 164.408 and must provide the Covered Entity with a copy of all notifications made to the Secretary.
9. **Breach Pattern or Practice by Covered Entity.** Pursuant to 42 USC 17934, if the Business Associate knows of a pattern of activity or practice of the Covered Entity that constitutes a material breach or violation of the Covered Entity's obligations under the Contract or Addendum, the Business Associate must immediately report the problem to the Secretary.
10. **Data Ownership.** The Business Associate acknowledges that the Business Associate or its agents or subcontractors have no ownership rights with respect to the protected health information it accesses, maintains, creates, retains, modifies, records, stores, destroys, or otherwise holds, transmits, uses or discloses.
11. **Litigation or Administrative Proceedings.** The Business Associate shall make itself, any subcontractors, employees, or agents assisting the Business Associate in the performance of its obligations under the agreement or Addendum, available to the Covered Entity, at no cost to the Covered Entity, to testify as witnesses, or otherwise, in the event litigation or administrative proceedings are commenced against the Covered Entity, its administrators or workforce members upon a claimed violation of HIPAA, the Privacy and Security Rule, the HITECH Act, or other laws relating to security and privacy.
12. **Minimum Necessary.** The Business Associate and its agents and subcontractors shall request, use and disclose only the minimum amount of protected health information necessary to accomplish the purpose of the request, use or disclosure in accordance with 42 USC 17935 and 45 CFR 164.514(d)(3).
13. **Policies and Procedures.** The Business Associate must adopt written privacy and security policies and procedures and documentation standards to meet the requirements of HIPAA and the HITECH Act as described in 45 CFR 164.316 and 42 USC 17931.
14. **Privacy and Security Officer(s).** The Business Associate must appoint Privacy and Security Officer(s) whose responsibilities shall include: monitoring the Privacy and Security compliance of the Business Associate; development and implementation of the Business Associate's HIPAA Privacy and Security policies and procedures; establishment of Privacy and Security training programs; and development and implementation of an incident risk assessment and response plan in the event the Business Associate sustains a breach or suspected breach of protected health information.

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15. **Safeguards.** The Business Associate must implement safeguards as necessary to protect the confidentiality, integrity, and availability of the protected health information the Business Associate accesses, maintains, creates, retains, modifies, records, stores, destroys, or otherwise holds, transmits, uses or discloses on behalf of the Covered Entity. Safeguards must include administrative safeguards (e.g., risk analysis and designation of security official), physical safeguards (e.g., facility access controls and workstation security), and technical safeguards (e.g., access controls and audit controls) to the confidentiality, integrity and availability of the protected health information, in accordance with 45 CFR 164.308, 164.310, 164.312, 164.316 and 164.504(e)(2)(ii)(B). Sections 164.308, 164.310 and 164.312 of the CFR apply to the Business Associate of the Covered Entity in the same manner that such sections apply to the Covered Entity. Technical safeguards must meet the standards set forth by the guidelines of the National Institute of Standards and Technology (NIST). The Business Associate agrees to only use, or disclose protected health information as provided for by the agreement and Addendum and to mitigate, to the extent practicable, any harmful effect that is known to the Business Associate, of a use or disclosure, in violation of the requirements of this Addendum as outlined under 45 CFR 164.530(e)(2)(f).
16. **Training.** The Business Associate must train all members of its workforce on the policies and procedures associated with safeguarding protected health information. This includes, at a minimum, training that covers the technical, physical and administrative safeguards needed to prevent inappropriate uses or disclosures of protected health information; training to prevent any intentional or unintentional use or disclosure that is a violation of HIPAA regulations at 45 CFR 160 and 164 and Public Law 111-5; and training that emphasizes the criminal and civil penalties related to HIPAA breaches or inappropriate uses or disclosures of protected health information. Workforce training of new employees must be completed within 30 days of the date of hire and all employees must be trained at least annually. The Business Associate must maintain written records for a period of six years. These records must document each employee that received training and the date the training was provided or received.
17. **Use and Disclosure of Protected Health Information.** The Business Associate must not use or further disclose protected health information other than as permitted or required by the agreement or as required by law. The Business Associate must not use or further disclose protected health information in a manner that would violate the requirements of the HIPAA Privacy and Security Rule and the HITECH Act.

III. PERMITTED AND PROHIBITED USES AND DISCLOSURES BY THE BUSINESS ASSOCIATE. The Business Associate agrees to these general use and disclosure provisions:

1. Permitted Uses and Disclosures:

- a. Except as otherwise limited in this Addendum, the Business Associate may use or disclose protected health information to perform functions, activities, or services for, or on behalf of, the Covered Entity as specified in the agreement, provided that such use or disclosure would not violate the HIPAA Privacy and Security Rule or the HITECH Act, if done by the Covered Entity in accordance with 45 CFR 164.504(e) (2) (i) and 42 USC 17935 and 17936.
- b. Except as otherwise limited by this Addendum, the Business Associate may use or disclose protected health information received by the Business Associate in its capacity as a Business Associate of the Covered Entity, as necessary, for the proper management and administration of the Business Associate, to carry out the legal responsibilities of the Business Associate, as required by law or for data aggregation purposes in accordance with 45 CFR 164.504(e)(2)(A), 164.504(e)(4)(i)(A), and 164.504(e)(2)(i)(B).
- c. Except as otherwise limited in this Addendum, if the Business Associate discloses protected health information to a third party, the Business Associate must obtain, prior to making any such disclosure, reasonable written assurances from the third party that such protected health information will be held confidential pursuant to this Addendum and only disclosed as required by law or for the purposes for which it was disclosed to the third party. The written agreement from the third party must include requirements to immediately notify the Business Associate of any breaches of confidentiality of protected health information to the extent it has obtained knowledge of such breach. Refer to 45 CFR 164.502 and 164.504 and 42 USC 17934.
- d. The Business Associate may use or disclose protected health information to report violations of law to appropriate federal and state authorities, consistent with 45 CFR 164.502(j)(1).

2. Prohibited Uses and Disclosures:

- a. Except as otherwise limited in this Addendum, the Business Associate shall not disclose protected health information to a health plan for payment or health care operations purposes if the patient has required this special restriction, and has paid out of pocket in full for the health care item or service to which the protected health information relates in accordance with 42 USC 17935.
- b. The Business Associate shall not directly or indirectly receive remuneration in exchange for any protected health information, as specified by 42 USC 17935, unless the Covered Entity obtained a valid authorization,

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in accordance with 45 CFR 164.508 that includes a specification that protected health information can be exchanged for remuneration.

IV. OBLIGATIONS OF COVERED ENTITY

1. The Covered Entity will inform the Business Associate of any limitations in the Covered Entity's Notice of Privacy Practices in accordance with 45 CFR 164.520, to the extent that such limitation may affect the Business Associate's use or disclosure of protected health information.
2. The Covered Entity will inform the Business Associate of any changes in, or revocation of, permission by an individual to use or disclose protected health information, to the extent that such changes may affect the Business Associate's use or disclosure of protected health information.
3. The Covered Entity will inform the Business Associate of any restriction to the use or disclosure of protected health information that the Covered Entity has agreed to in accordance with 45 CFR 164.522 and 42 USC 17935, to the extent that such restriction may affect the Business Associate's use or disclosure of protected health information.
4. Except in the event of lawful data aggregation or management and administrative activities, the Covered Entity shall not request the Business Associate to use or disclose protected health information in any manner that would not be permissible under the HIPAA Privacy and Security Rule and the HITECH Act, if done by the Covered Entity.

V. TERM AND TERMINATION

1. **Effect of Termination:**
 - a. Except as provided in paragraph (b) of this section, upon termination of this Addendum, for any reason, the Business Associate will return or destroy all protected health information received from the Covered Entity or created, maintained, or received by the Business Associate on behalf of the Covered Entity that the Business Associate still maintains in any form and the Business Associate will retain no copies of such information.
 - b. If the Business Associate determines that returning or destroying the protected health information is not feasible, the Business Associate will provide to the Covered Entity notification of the conditions that make return or destruction infeasible. Upon a mutual determination that return or destruction of protected health information is infeasible, the Business Associate shall extend the protections of this Addendum to such protected health information and limit further uses and disclosures of such protected health information to those purposes that make return or destruction infeasible, for so long as the Business Associate maintains such protected health information.
 - c. These termination provisions will apply to protected health information that is in the possession of subcontractors, agents, or employees of the Business Associate.
2. **Term.** The Term of this Addendum shall commence as of the effective date of this Addendum herein and shall extend beyond the termination of the contract and shall terminate when all the protected health information provided by the Covered Entity to the Business Associate, or accessed, maintained, created, retained, modified, recorded, stored, or otherwise held, transmitted, used or disclosed by the Business Associate on behalf of the Covered Entity, is destroyed or returned to the Covered Entity, or, if it not feasible to return or destroy the protected health information, protections are extended to such information, in accordance with the termination.
3. **Termination for Breach of Agreement.** The Business Associate agrees that the Covered Entity may immediately terminate the agreement if the Covered Entity determines that the Business Associate has violated a material part of this Addendum.

VI. MISCELLANEOUS

1. **Amendment.** The parties agree to take such action as is necessary to amend this Addendum from time to time for the Covered Entity to comply with all the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, Public Law No. 104-191 and the Health Information Technology for Economic and Clinical Health Act (HITECH) of 2009, Public Law No. 111-5.
2. **Clarification.** This Addendum references the requirements of HIPAA, the HITECH Act, the Privacy Rule and the Security Rule, as well as amendments and/or provisions that are currently in place and any that may be forthcoming.
3. **Indemnification.** Each party will indemnify and hold harmless the other party to this Addendum from and against all claims, losses, liabilities, costs and other expenses incurred as a result of, or arising directly or indirectly out of or in conjunction with:
 - a. Any misrepresentation, breach of warranty or non-fulfillment of any undertaking on the part of the party under this Addendum; and

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- b. Any claims, demands, awards, judgments, actions, and proceedings made by any person or organization arising out of or in any way connected with the party's performance under this Addendum.
4. **Interpretation.** The provisions of the Addendum shall prevail over any provisions in the agreement that may conflict or appear inconsistent with any provision in this Addendum. This Addendum and the agreement shall be interpreted as broadly as necessary to implement and comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule. The parties agree that any ambiguity in this Addendum shall be resolved to permit the Covered Entity and the Business Associate to comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule.
5. **Regulatory Reference.** A reference in this Addendum to a section of the HITECH Act, HIPAA, the Privacy Rule and Security Rule means the sections as in effect or as amended.
6. **Survival.** The respective rights and obligations of Business Associate under Effect of Termination of this Addendum shall survive the termination of this Addendum.

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IN WITNESS WHEREOF, the Business Associate and the Covered Entity have agreed to the terms of the above written agreement as of the effective date set forth below.

Business Associate

Fax: (775) 684-4211

Business Name

Business Address

Business City, State and Zip Code

Business Phone Number

Business Fax Number

Authorized Signature

Print Name

Print Name

Title

Title

Date _____

Date _____

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ATTACHMENT 1

Detailed Work Plan

Carson City Health and Human Services
Hospital Preparedness Program (HPP) Ebola Preparedness and Response Activities
September 1, 2015 – June 30, 2016
Year 1 Activities

PART A – HEALTH CARE SYSTEM PREPAREDNESS FOR EBOLA

ACTIVITY A: DEVELOP AN EBOLA RESPONSE PLAN AND RESULTING CONOPS			
Strategy: Outline the jurisdictions tiered approach for health care system response, including the assessment and transport of persons suspected or confirmed to have Ebola.			
<ul style="list-style-type: none"> State Public Health Preparedness (PHP) Program and Local Health Authorities (LHAs) to collaborate together to further enhance the local and state Ebola Response Plans and resulting Continuity of Operations Plan (CONOPS). Ebola Response Plans and CONOPS will include the description of the tiered approach, investigations, AM/DAM monitoring, transport to assessment facilities, and EMS transport to regional Ebola treatment facility. <i>See Page 7, Activity A of FOA for all plan components.</i> Must be completed in Year 1 with revisions in subsequent years when needed. LHAs must provide local Ebola Response Plans to the State PHP Program to incorporate into the State Ebola Response Plan and CONOPS. 			
OUTCOME: By June 2017, CCHHS will demonstrate knowledge of the tiered approach for a healthcare system response to a suspect or confirmed Ebola case.			
Year	Activity	Output Documentation	Completion Date
1	CCHHS will coordinate with Epi, EMS and hospitals to develop a CONOPS plan.	A CCHHS CONOPS plan that complements the Ebola Response Plan.	6/30/2016
1 - 5	CCHHS will train staff and conduct an annual exercise (TTX or drill – may be combined with drill in Activity B below).	Training sign-in sheets and AAR/IP for the exercise.	6/30/2016 and annually throughout 5 year grant to 6/30/2020

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ACTIVITY B: ASSURE READINESS OF ASSESSMENT HOSPITALS

Strategy 1: Improve and maintain health care worker readiness for Ebola and Ebola-like diseases.

- Nevada Hospital Association and LHAs to collaborate to conduct assessment of hospital and EMS PPE assets and commonality throughout the jurisdiction to support the hospital Master Mutual Aid Agreement for readily assessable PPE. This will also support a rotation plan to ensure PPE does not expire. Must be completed in Year 1. Nevada State EMS Program will conduct assessment of rural EMS agencies.

OUTCOME: By June 2017, Frontline / Assessment hospitals in the tri-county area will have the knowledge and training to maintain readiness for Ebola and other infectious diseases.

Year	Activity	Output Documentation	Completion Date
1	Conduct and assessment of hospital and EMS PPE assets.	Documented assets for each EMS agency and hospital.	11/30/2015
1	Purchase appropriate PPE for EMS and hospitals.	Vendor invoices for purchases.	3/31/2016
1 - 5	Conduct an annual unannounced first encounter drill for Ebola/infectious disease.	AAR/IP	5/01/2016 and annually throughout 5 year grant to 6/30/2020

- LHAs and Nevada Hospital Association to coordinate with health care coalitions to assess facility Ebola plans for recognition, isolation, and activation.

OUTCOME: This will happen during Activities above.

Year	Activity	Output Documentation	Completion Date

- LHAs and health care coalitions must conduct annual exercises and AAR/IPs for unannounced first encounter drills for Ebola or other infectious diseases such as MERS-CoV and Measles, patient transport exercises, and patient care simulations.

OUTCOME: CCHHS and Douglas County Healthcare Coalition will have increased knowledge of how to respond to a serious infectious disease event.

Year	Activity	Output Documentation	Completion Date
1-5	CCHHS will participate with Carson Tahoe Hospital and the Douglas County Healthcare Coalition on an annual, unannounced first encounter drill (may be combined with drill in Part A, Activity B, #3.)	AAR/IP for each year.	5/01/2016 and annually throughout 5 year grant to 6/30/2020

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ACTIVITY C: Develop Capabilities of Health Care Coalitions to Enable their Members to Care for Ebola Patients

Strategy 1: Ensure all coalition partners have access to PPE, trainings, and exercises according to their respective role in the health care system.

- LHAs to provide technical assistance to health care coalitions and health care system to build the competency of health care workers to identify and assess suspected or confirmed patients with Ebola through annual training.

OUTCOME: CCHHS and Douglas County Healthcare Coalition will have increased knowledge of how to respond to a serious infectious disease event.

Year	Activity	Output Documentation	Completion Date
1-5	CCHHS will facilitate training for healthcare coalition members / partners through DEM, LHAs or other contractual entities.	Training agendas / sign-in sheets.	1/01/2016 and annually throughout 5 year grant to 6/30/2020

- LHAs will coordinate with health care coalitions in their jurisdiction to ensure annual coalition level exercises are conducted. First year must be Ebola, next years can be other infectious diseases if there are no global outbreaks of Ebola.

OUTCOME: CCHHS and Douglas County Healthcare Coalition will have increased knowledge of how to respond to a serious infectious disease event by conducting annual TTX, drill or FSE.

Year	Activity	Output Documentation	Completion Date
1-5	CCHHS will participate with Carson Tahoe Hospital and the Douglas County Healthcare Coalition on an annual, unannounced first encounter drill (may be combined with drill in Part A, Activity B, #3.)	AAR/IP for each year.	5/01/2016 and annually throughout 5 year grant to 6/30/2020

Strategy 2: Ensure EMS and interfacility transport systems and 911/Public Safety Answering Points are included in Ebola planning.

- EMS transport to be included in local and state Ebola Response Plans and resulting CONOPS.

OUTCOME: Local plans to include process for EMS transport of Ebola patients.

Year	Activity	Output Documentation	Completion Date
	To be addressed through development of CONOPS plan and update of Ebola Response Plan outlined in Part A, Activity A.	Updated CONOPS and Ebola Response Plan	6/30/2016

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<ul style="list-style-type: none"> EMS must be included in state PPE training and local exercises. 			
OUTCOME: EMS agencies have the knowledge and training on enhanced PPE and will have practiced through training and/or exercises.			
Year	Activity	Output Documentation	Completion Date
1-5	CCHHS will invite EMS to participate in all state trainings and coordinate with EMS to plan/conduct the Ebola/infectious disease drills/exercises.	Written/email invitations to EMS; exercise planning documents, i.e., IPC agendas, MPC agendas and FPC agendas.	Continually

<ul style="list-style-type: none"> State and local Ebola Response Plans and resulting CONOPS to include management of medical waste for EMS. LHAs to ensure hospitals have medical waste plans to include waste from EMS. 			
OUTCOME: Local plans will include method for management of medical waste for EMS.			
Year	Activity	Output Documentation	Completion Date
1-2	Coordinate with hospitals to ensure updated CDC resources on medical waste management are incorporated into response and CONOPS plans.	Hospital plans that document handling of EMS medical waste.	6/30/2016 and end in Year 2

PART B – DEVELOPMENT OF A REGIONAL NETWORK FOR EBOLA PATIENT CARE

ACTIVITY A: SUPPORTING REGIONAL PLANNING FOR THE DEVELOPMENT OF A REGIONAL NETWORK FOR EBOLA PATIENT CARE.			
Strategy 2: Ensure that interfacility and interstate transport plans are developed for Ebola patients that consider ground transport times between facilities and from designated airports to the Regional Ebola treatment center.			
<ul style="list-style-type: none"> State and Local Ebola Response Plans and resulting CONOPS to include this strategy. 			
OUTCOME: Local plans will document the strategy for transport of Ebola patients between facilities and to Ebola treatment centers.			
Year	Activity	Output Documentation	Completion Date
1	To be addressed through development of CONOPS plan and update of Ebola Response Plan outlined in Part A, Activity A.	Developed CONOPS and Ebola Response Plan	6/30/2016